S-ME	Say a					SECRETARY OF STATE		
	didate and Pol F RECEIPTS				TS			
Candidate's Name WILLIAM	r, 4 and			(OZIMZI)		ECE	IVE	
Full Address 653 HIGHL	AND CIRCLE	, Tu	PELO,	M & 388	04	DEC 10	2009	
Telephone 662 -847 -4546	(Fax)	662 -	842-	5449		DATEST	pyrkii.	
E-mail L Deas & AOL-CO	m					Campaign Secretary	of State	
Office Sought HOR - District	- /8 Po	litical P	arty_ <i>_</i> <b>∂</b> ∢	em.	L_		_	
Check here if above is different f	rom previous report							
	TYP	E OF R	EPORT					
January 29, 2010 Annual Repor	t (January 1, 2009,	through	Decembe	r 31, 2009)		.All Candidat Political Com		
VTermination Report (Candidate will expenditures a	I no longer accept co and has no outstandir				Required obligation	d to terminate ons	reporting	
<ul> <li>shall submit a report indicating "0" (2)</li> <li>Until a Candidate files a Termination Ann. § 23-15-807 (b) (ii) and (iii).</li> <li>The municipal clerk must be in actual on a weekend or a holiday, the office before the deadline. Faxed reports and the control of the</li></ul>	Report, annual and p receipt of the requir must be in actual rec	eriodic r	eports mu	st still be file	d in acco	rdance with M	iss. Code	
	RTED CONTRIB	IITION	SANDE	ISBURSE	MENTS			
	nized + non-itemize			s Period		Calendai year-to-da		
Total amount of contributions	0	\$		0	\$	9		
Total amount of disbursements	0	\$	0		\$	0		
Total amount of cash on hand	0	\$	C	>				
Signature of Candidate  Authority: Refer to Miss. Code Ann. §23-15-801 (1) Penalties: Failure to submit required reports, or faresult in fines of \$50 per day and/or prosecution in	972) et. seq. for statutory	requirem	ents.	Date Utory deadlines,	or failure	7		
SEND TO: 1.Candidates for statewide Secretary of State, Electi 601-576-2819. 2. Candidates for countyw	ons Division, P.O. Bo	x 136, Ja	ekson, MS	39205 or fax t	o 601-359	-1499 or	k.	